

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010559

Entity Name: MEDLITE, INC.

FILED
Feb 08, 2005
Secretary of State

Current Principal Place of Business:

579 INTERSTATE BLVD.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

579 INTERSTATE BLVD.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 65-0642494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDEL, DOUGLAS
2784 MAN OF WAR CIRCLE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHOOK, SHERYL
Address: 4004 ASPEN LEAF WAY
City-St-Zip: VALRICO, FL 33569

Title: S () Delete
Name: BENDEL, KRISTIN
Address: 2784 MAN OF WAR CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: CEO () Delete
Name: BENDEL, DOUGLAS
Address: 2784 MAN OF WAR CIRCLE
City-St-Zip: SARASOTA, FL 34240

Title: P () Delete
Name: BENDEL, JAMES
Address: 4675 BREEZY PINES
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL L. SHOOK

T

02/08/2005

Electronic Signature of Signing Officer or Director

Date